

# **Clinical Stories shared at handover compared with formal documentation by Child and Family Health Nurses**

**Jane Louise Kookarkin Ba App Sc (HIM), Ass Dip MRA**

**A thesis submitted for the degree of Master of Health Services (Honours) Thesis**

**University of Technology, Sydney**

**June 2012.**

### **CERTIFICATE OF AUTHORSHIP/ORIGINALITY**

I certify that the work in this thesis has not previously been submitted for a degree nor has it been submitted as part of requirements for a degree except as fully acknowledged within the text.

I also certify that the thesis has been written by me. Any help that I have received in my research work and the preparation of the thesis itself has been acknowledged. In addition, I certify that all information sources and literature used are indicated in the thesis.

Signature of Student

....*Jane Kookarkin*....

## **Acknowledgements**

Firstly, I wish to thank the management and staff of the Tresillian Family Care Centres for supporting me throughout my study and allowing me to conduct this research within their organisation. Secondly, I would like to thank the academic and support staff at UTS who have assisted me to develop my research and academic writing skills; and the librarian at the Canterbury Hospital for her help using CIAP.

I have been very fortunate to have Maralyn Foureur and Cathrine Fowler as my supervisors. I wish to thank them for their encouragement and guidance in helping me along this journey and also thank them for their willingness to share their knowledge and vast experience in both the academic world and the nursing profession. I would like to give a special thank you to Cathrine for her patience and support over the past four years.

The opportunity to undertake this study has been a privilege, as it enabled me to work alongside many individuals who have taught me a variety of lifelong lessons. I wish to acknowledge all the people who I have come in contact with while undertaking this study. This journey has not been completed in isolation. A special thank you must be given to several friends, Jenny Seems, Hildegard Withers, Michael Ampoulos, Julie Maddox, Marie Dickinson and Anne-Lyse DeGuio who have assisted me by listening to my ideas, reading parts of this thesis and offering feedback at different stages.

Finally, I would like to thank my wonderful family, Michael, Alexandra, Elizabeth and Gabrielle for the unconditional support and love they have provided, and I would like to dedicate this work to them. Thank you.

## **Abstract**

The impetus for undertaking this study arises out of the author's work as a Health Information Manager (HIM), employed within an Early Parenting Centre (EPC) with a predominant nursing workforce. To a HIM, quality documentation in the clinical record is of the utmost importance in ensuring that accurate clinical coding can be achieved with positive outcomes for clients, families and the organisation.

The aim of this study is to investigate nursing documentation and handover practices within a child and family health (CFH) setting. The focus is on the differences between what nurses write in the clinical records and what they communicate verbally in 'handover'. This study builds on the development of the ICD-10-AM Early Parenting Manual to examine the accuracy and quality of information collected in the clinical record. This study was conducted in three residential units of an EPC situated in Sydney, NSW. These EPC units provide early intervention for parents with young children through support and education. Nurses provide the majority of parenting intervention, support and education during a parent and child's stay.

A qualitative interpretive research approach was used employing several forms of data including case studies, interviews, field notes and questionnaires. The data analysis involved qualitative thematic content analysis in two parts; firstly the analysis of the transcripts of handover and the clinical record documentation through the use of a coding template; and secondly examination of the nursing interview transcripts using the themes identified from the verbal and written analysis. Demographic data collected from a nursing questionnaire and field notes were used to provide context to inform the analysis process and findings.

This study identified a number of positive outcomes: comments from the nurses echoed their desire to learn and improve their documentation practices; the demographic data identified a wealth of nursing expertise and knowledge; and the changing nature of CFH nursing acknowledged that the RNs are now expected to work at a much higher level than in the past. Conversely, there were some concerns related to the barriers that impact on the nurses' ability to accurately document their practice. They included confusion regarding who is the client, inconsistency of the parenting advice given, gaps in communication transfer of both written and verbal information, the changing and increasing educational needs of staff, the environment and the workload.

It has clearly been identified that the area of CFH clinical information collection and clinical coding would benefit from more research. For the clinical coding process to be improved,

more focused education for nurses is necessary to help them understand the need for quality documentation required by clinical coders. This stresses the importance of work place education and mentoring; and the importance of education about the role of clinical coding in undergraduate and post graduate nursing programs. Continuing professional development for nurses should include topics such as the importance of clinical documentation with regard to the introduction of Activity-Based Funding and the completion of clinical documentation using the eMR. Finally, further development should be undertaken in improving formal communication processes between all clinical staff.

# Table of Contents

Certificate.....	i
Acknowledgement.....	ii
Abstract.....	iii
Table of contents.....	v
List of Tables.....	ix
List of Abbreviations .....	x
<b>Chapter 1: Positioning the Study .....</b>	<b>1</b>
1.1 Background .....	2
1.1.1 Location and setting of the study .....	3
1.1.2 Personal Perspective on the quality of documentation .....	4
1.2 Clinical coding is dependent on accurate documentation .....	5
1.2.1 Development of ICD-10-AM Early Parenting Manual .....	6
1.3 Model of Care and Care Pathway .....	7
1.4 Child Protection .....	8
1.5 Garling Report 2008 .....	8
1.6 Handover .....	9
1.6.1 Communication skills needed for clinical documentation and handover .....	10
1.7 Electronic Medical Record .....	11
1.8 Activity Based Funding .....	12
1.9 Significance of the study .....	13
1.10 The thesis outline .....	13
<b>Chapter 2: Literature Review .....</b>	<b>16</b>
2.1 Introduction .....	16
2.1.1 Purpose and scope of review .....	17
2.1.2 Search terms .....	17
2.1.3 Reference lists .....	18
2.2 Review of the literature .....	18
2.2.1 Nursing documentation .....	19
2.2.2 Handover .....	19
2.2.3 Clinical coding and analysis .....	20

2.2.4	Best practice .....	21
2.2.5	Focus on patients needs .....	21
2.2.6	The loss of important data during handover .....	22
2.2.7	The missing link .....	22
2.2.8	Assumptions and beliefs about nursing clinical communication .....	24
2.3	Summary .....	24
<b>Chapter 3: Study Design and Method .....</b>		<b>26</b>
3.1	Qualitative Interpretative Research Approach .....	26
3.1.1	Setting and context .....	27
3.1.2	Ethical considerations .....	27
3.1.3	Recruitment of participants and consent process .....	28
3.1.4	Possible risks and the right to withdraw .....	29
3.1.5	Selection of the participants .....	29
3.1.6	Inclusion criteria .....	30
3.1.7	Exclusion criteria .....	30
3.2	Data Sources .....	31
3.2.1	Case studies .....	31
3.2.2	Nurses interviews .....	31
3.2.3	Researcher's field notes .....	32
3.2.4	Questionnaire .....	32
3.3	Data Management .....	33
3.3.1	Ensuring the right to confidentiality, privacy and anonymity .....	33
3.3.2	The study participants .....	33
3.4	Analysis .....	36
3.4.1	Template analysis .....	37
3.4.1.1	Definition .....	37
3.4.1.2	Development of a coding template .....	37
3.4.1.3	Analysis of nursing interviews .....	39
3.4.1.4	Validity .....	40
3.5	Summary .....	41
<b>Chapter 4: Parallel Stories of Handover and Documentation using Clinical Coding of Case Studies .....</b>		<b>42</b>
4.1	Introduction .....	42
4.2	Case study 1 – Elizabeth and Lily's story .....	43

4.2.1	Codes 1 and 2 .....	45
4.2.2	Codes 10 and 11 .....	47
4.2.3	Codes 8 and 16 .....	47
4.2.4	Codes 18 and 19 .....	48
4.2.5	Codes 7 and 19 .....	49
4.3	Case study 2 – Alexandra and Sophie’s story .....	49
4.3.1	Codes 1, 2 and 3 .....	51
4.3.2	Codes 4 and 11 .....	53
4.3.3	Codes 2 and 6 .....	54
4.3.4	Codes 7 and 8 .....	54
4.3.5	Code 11 .....	55
4.4	Case study 3 – Gabrielle, Tristan and Indigo’s story .....	58
4.4.1	Codes 1 and 4 .....	60
4.4.2	Codes 6, 7 and 8 .....	60
4.4.3	Code 2 .....	60
4.4.4	Codes 7 and 8 .....	61
4.4.5	Codes 3 and 10 .....	61
4.4.6	Codes 7, 8, 9 and 10 .....	62
4.4.7	Codes 11, 12 and 13 .....	62
4.5	Summary .....	63
<b>Chapter 5:</b>	<b>Nursing Semi-structured Interviews .....</b>	<b>64</b>
5.1	Introduction .....	64
5.2	Client Focus .....	64
5.3	Communication and Information Sharing .....	66
5.4	Organisational Guidance, Policy and Education .....	71
5.5	Work Practices – Documentation and Handover .....	75
5.6	Summary .....	76
<b>Chapter 6:</b>	<b>Discussion, Conclusion, Recommendations and Future Directions .....</b>	<b>77</b>
6.1	Discussion of outcomes .....	77
6.2	Work Practices and Policy Guidelines .....	78
6.2.1	Documentation practices .....	78
6.2.2	Mismatch of information between handover and documentation .....	78
6.2.3	Handover practices .....	79
6.2.4	Informal handover .....	80



6.2.5	Organisational guidance .....	80
6.3	Education Needs .....	81
6.4	Client Identity .....	82
6.5	Communication Transparency .....	82
6.5.1	Working in silos .....	82
6.5.1	Inconsistency of parenting advice .....	83
6.6	Study Challenges and Limitations .....	83
6.7	Conclusion .....	84
6.8	Recommendations and Future Direction .....	86
Appendix A:	ICD-10-AM Coding Example .....	88
Appendix B:	Tresillian Model of Care Practice Principles .....	89
Appendix C:	Initial Coding Template .....	91
Appendix D:	Final Coding Template .....	94
Appendix E:	Nursing Interview Questions .....	95
Appendix F:	Information Sheet No: 1 – Child and Family Health Nurse .....	96
Appendix G:	Information Sheet No: 2 - Parent .....	98
Appendix H:	Consent Form No: 1 –Child and Family health Nurse .....	100
Appendix I:	Consent Form No: 2 – Parent .....	101
Appendix J:	Information Sheet No: 3 – Child and Family Health Nurse Interviews.....	102
Appendix K:	Consent For No: 3 –Child and Family health Nurse.....	104
Appendix L:	Nursing Questionnaire – Demographic Information.....	105
References	.....	107

**List of Tables**

Table 1: Documentation & Coding Process .....	5
Table 2: Demographic description of nurse participants .....	34
Table 3: Example of Coding Template .....	39
Table 4: Coding Template for Case Study 1 .....	43
Table 5: Coding Template for Case Study 2 .....	50
Table 6: Coding Template for Case Study 3 .....	58

## Abbreviations

ABF	Activity-Based Funding
CNC	Clinical Nurse Consultant
CM	Centre Manager
CFH	Child and Family Health
DOCS	Department of Community Services (now FACS)
EDS	Edinburgh Depression Scale
EPC	Early Parenting Centre
EN	Enrolled Nurse
eMR	Electronic Medical Record
FACS	Family and Community Health Service (previously DOCS)
HREC	Human Research Ethics Committee
HIM	Health Information Manager
ICD-10-AM	International Classification of Diseases 10 <sup>th</sup> Revision. Australian Modification
MOC	Model of Care
NCCH	National Centre for Coding in Health (now NCCC)
NCCC	National Casemix and Classification Centre (previously NCCH)
NOS	Not elsewhere classified
NSW	New South Wales
NUM	Nurse Unit Manager
PND	Post Natal Depression
PNRQ	Post Natal Risk Questionnaire
RN	Registered Nurse
SW	Social Worker
UTS	University of Technology Sydney